FORCE
Facing Our Risk of Cancer Empowered
Fighting Hereditary Breast and Ovarian Cancer

## Newly proposed United States Preventive Services Task Force (USPSTF) breast cancer screening guidelines fail to address the needs of many women

The United States Preventive Services Task Force (USPSTF) has published a Draft Recommendation Statement with proposed modifications to national breast cancer screening guidelines. Key components of the draft Task Force recommendations are as follows:

- **Women ages 40–49**: recommends informed, individualized decision-making regarding screening mammography based on a woman's values, preferences, and health history (Grade "C" recommendation) but notes screening mammography in this age group "may reduce the risk of dying of breast cancer, but the number of deaths averted is much smaller than in older women…"
    - This is a modification and expansion of current/2009 USPSTF Recommendations which concluded that there was insufficient evidence to assess the balance of benefits and harms of the service in this age group.
- **Women ages 50-74**: recommends screening mammography be performed every two years rather than annually (Grade B recommendation)
    - This is consistent with the current/2009 USPSTF Recommendations.
- **Women 75 and older**: provides no concrete guidelines indicating that current science is inadequate to recommend for or against screening mammography.
    - This is consistent with the current/2009 USPSTF Recommendations.
- **Breast Self-Exam (BSE)**: omitted any reference to this early detection modality
    - This is a change from the current/2009 USPSTF Recommendations which gave a Grade D to teaching BSE, indicating that there is "moderate or high certainty that the service has no net benefit or that the harms outweigh the benefits."
- **Women with dense breasts**: indicated that current evidence is insufficient to assess the balance of benefits and harms of screening for breast cancer using breast ultrasound, magnetic resonance imaging (MRI), tomosynthesis, or other modalities in women identified to have dense breasts on an otherwise negative screening mammogram.
    - This is a new language that was not present in prior USPSTF recommendation statements.

FORCE opposes many aspects of the proposed screening guidelines. If implemented, they will cost lives, worsen existing disparities in access to care, lead to confusion, and make it more difficult for women to weigh the benefits and risks of breast cancer screening. Importantly, the Patient Protection and Affordable Care Act (PPACA) and many private health insurers rely on the USPSTF guidelines to determine which screening services are reimbursed. In general, services receiving an "A" or "B" recommendation are covered—and PPACA requires at least a "B" rating for a preventive service to be provided with no out-of-pocket costs to the patient.

The Task Force noted that women in their 40s who have a mother, sister, or daughter with breast cancer may benefit more than average-risk women by beginning breast cancer screening before age 50. However, the USPSTF gave this a grade "C" recommendation, which will make it difficult for

millions of women to get insurance reimbursement for screening mammography. Like older women, the majority of young women diagnosed with breast cancer have no known family history. Similarly, women over 50 who would like yearly mammograms may struggle to get insurance coverage due to the USPSTF recommendation for biennial screening in the 50-74 age group.

Having dense breast tissue is linked to an increased risk of breast cancer. Mammography is less effective in screening dense breasts for cancer so other screening tools such as MRI or ultrasound may provide crucial early detection for these women. A number of states have laws requiring that women are informed if they have dense breasts. It is important that women with dense breasts consult with their doctor to determine if additional screening may be appropriate. Unfortunately, without a grade "A" or "B" recommendation from the USPSTF, insurers are not required to pay for supplemental screenings. This may place an unnecessary financial burden on this population.

We strongly encourage the government and health care community to ensure that all women have access to cancer risk-assessment expertise and tools, allowing them to understand their personal risks and make informed decisions about their care. The USPSTF recommendations specifically apply to women of average risk, but these changes will also have a detrimental effect on members of the high-risk breast cancer community.

Due to underutilization of genetics experts and risk-assessment tools, many women learn about their high-risk status only AFTER THEY ARE DIAGNOSED with breast cancer detected by breast self-exam or mammogram. For this segment of the community, screening mammography is critical. Without access to breast screening, many cancers will be discovered at a more advanced stage. If implemented, these guidelines will needlessly cost lives.

The task force review of risk and the cost/benefit ratio for breast cancer screening highlights the need for:

- more effective breast cancer screening,
- better utilization of risk-assessment tools, and
- more research on breast cancer risk factors, screening, and outcomes.

In the face of concerns about health care costs, guideline reviews and revisions like these mandate that we do a better job of evaluating individual breast cancer risk to more effectively allocate resources. In an age where personalized medicine is within our reach, we should strive to replace sweeping one-size-fits-all recommendations with better, individualized risk assessment and screening. For those found to be in average or lower-risk categories—until risk assessment is an exact science—each person should have access to credible and balanced information, and with guidance from their physician, be allowed to decide what makes sense for them.

FORCE will submit comments to the USPSTF detailing our concerns about these guidelines. We encourage members of the HBOC community to do the same. The deadline for submitting comments on the draft recommendation statement is 8:00 PM EST on May 18, 2015.